## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			21			-		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			~ ∫ minus 20=		* 1			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			\ m	inus 3 =	* 6			X43=			X86=		
MULTIPLE DEPENDENT CLAIM P			RESENT							OR			
* If the difference in column 1 is less than zero, enter "0" in					"0" in c	column 2		+145=		OR	+290=		
•							TOTAL	<u> </u>	OR	TOTAL			
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus ***		:	=	ı	X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT O			CLAIM		ı	+145=			+290=			
			•			:	L	TOTAL		OR	TOTAL		
		(Calumn 4)		(Onl		(Oali 0)	P	ADDIT. FEE		OR	ADDIT. FEE		
_	<u> </u>	(Column 1)  I CLAIMS	1	(Colun		(Column 3)	_						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ľ	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						t	.145			.200-		
							L	+145= TOTAL	:	OR	+290= TOTAL		
								DDIT. FEE		OR	ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		<b>a</b> .	Ī	X\$ 9=		OR	X\$18=	-	
	Independent	*	Minus	***		= ,		X43=			X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	7.00-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE													
	f the "Highest Nur		id For IN THIS	S SPACE is	less than	20, enter "20."	A		<u>'</u>	OR ,			